National Diabetes Prevention Program in the Medically Underserved Population

If we build it, will they come?

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Program Objectives

Describe 4 common gaps in the implementation model when working with a medically underserved population

Discuss 4 steps for successful delivery of the National Diabetes Prevention Program

Discuss successes and challenges of participants and Lifestyle Coaches
Who We Are: The Diabetes Health and Wellness Institute

- Opened in 2010 to address health disparities of citizens in Southern Dallas
- Baylor Scott and White Health and the City of Dallas public private partnership
- Model provides multidisciplinary medical care, wellness programming and recreation center activities under one roof
- Strong community partnership maximizes service impact
- More than 3,000 members

The Community We Serve

- Primary Care Clinic for adults
- Health and Wellness Activities (most are offered in Spanish):
  - Diabetes Self-Management Education/Training and Support
  - Medical Nutrition Therapy
  - Cooking Classes
  - Exercise classes and facilities
  - Weight Loss programs
  - Professional Training programs – Community Health Worker training and CEU
  - Weekly Farm Stand
- Outreach
  - Partnering Churches
  - Partnering Organizations
  - Other Outreach

The NDPP at DHWI

The Road to HELP is Paved with Good Intentions

Development of HELP

United Way Grant
- Funded July 2013-2016
- 3 year grant to develop and implement NDPP
- Currently in beginning of year 3.
What is HELP™
• Modeled on the National Diabetes Prevention Program (NDPP)
• 1-year program:
  16 weekly session
  Monthly sessions for 8 months

Weekly Session Format
• Group
• Private weigh-in
• Attend group session: education topic and group coaching
• Coach reviews exercise and food log, works with participant to identify ways to reach program goals
• Make-up session One-on-One
• Brief in-person or telephonic interaction for missed session update

Lifestyle Coaches
Lifestyle Coach Training
  Lifestyle Coach Master Training
  Lifestyle Coach training
On-line training
Face-to-Face
Motivational Interviewing training

Participant Recruitment
• Determination of requirements
  – Diagnosis of pre-diabetes
  – Metabolic Syndrome
  – CDC screening tool
• Determination of possible participants
  – Used our DHWI membership and patient to generate potential list
  – Recruitment Strategy

Participant Recruitment Initiatives
• Recruitment flyer (bilingual) for community events and in-house promotion
• Recruitment letter mailed to 470 eligible members (27 responses, 120 "return to sender")
• Creation of program logo
• Social Media/ Facebook
• Marquee Display

Screening process
• Referral by health partner or provider
• Telephone pre-screening
• Two in-person appointment for biometrics screening and run-in phase (complete food and activity log)
• Assigned to designated group
Outcomes
Number of participants
Projected total unduplicated clients (end of Year 2): 280
Actual (current): 115

Weight Loss
Projected: 38% (98) of participants will achieve 7% weight loss (end of Year 2)
Actual: 26% achieved the 7% weight loss goal

Physical Activity
Projected: 65% (182) of participants meet weekly physical activity goal
Actual: 48% (53) of participants meet the weekly physical activity goal

Identified Program Gaps:
Shopping at the GAP at the Assumption Mall

Outreach and Recruitment
• Our Gaps
  – Over-estimation of potential participants
  – Lack of referral sources
  – Transient community
  – Trust level of community
  – Assumption of need and enthusiasm for program
  – Weak marketing
  – Weak buy-in from our organization

Lifestyle Coach Training
• Our Gaps
  – Online coach training assumptions:
    • Anyone can be a trainer
    • Curriculum is easy to implement and teach
    • Curriculum is “scripted”
    • Little need for actual coaching skills
    • Ease and time of training

Cultural Competency
• Our Gaps
  – Cultural competence is NOT part of the curriculum
  – LC coaches lack cultural competency training
  – Cultural assumptions made
  – Lack of understanding of health beliefs of target community

CDC Recognition
• Our Gaps
  – Start early
  – Need for outcomes
Successful Delivery of HELP
Tailoring to Fit

Outreach: Looking for the Magic Pill
Lessons Learned
1. Community Partnerships
2. Faith-based connections
3. Stakeholder Buy-in
4. Ceaseless promotions
5. Adaptability

Community Partnerships
- Identify Community Partners early on
- Educate about the program
- Develop pipeline of potential participants
- WIIFM

Faith Based-Connections
- Educate, promote, educate, promote
- Identify a “church champion”
- Always involve the pastor
- Combine churches
- Ask for their help and input with cultural competencies

Stakeholder Buy-in
- Have program and marketing support from YOUR institution
- Adapt program to needs of community
- Align with other community services
- Be creative about partnerships
- WIIFM
- Educate, promote, educate, promote

Ceaseless Promotion
- Ask Me About Our Free Diabetes Prevention Program
Lifestyle Coach Training
1. Facilitating and Engaging Groups
2. Utilizing group dynamics
3. Motivational Interviewing

Get Recognized
Simultaneous CDC and NDPP program implementation

Program Recognition Leads to Sustainability
The CDC Diabetes Prevention Act created the National Diabetes Prevention Program
Goals:
1) Expand proven programs
2) Obtain recognized status, which increases potential for future reimbursement

Creating for the Community Culture is Crucial
- Teach Cultural Competency
- Know Your Audience
- Barriers, health beliefs, etc.
- Advisory boards
- Focus groups
- Other program in the area